

	<ul style="list-style-type: none"> <li>• Details of person from whom recovered:</li> <li>• Name:</li> <li>• Mobile No.:</li> <li>• Contact details:</li> </ul>	S
18. (i)	List of articles recovered:	S
(ii)	Was/Were there (a) cell phone(s) with the victim?	Yes/No ✓
(iii)	If yes, what was/were the phone number(s):	
(iv)	Working condition:	Yes/No ✓
(v)	If yes, what was the last call to or from with time and number:	
(vi)	Was the number contacted and person verified:	
(vii)	Details of the location of the mobile phone at the time of last call made/ received obtained from the relevant Telecom Service Provider:	
(viii)	Details of any important information:	
19.	Names, relationship and addresses of dependents of deceased: Identity of injured/ dependents of deceased: <ul style="list-style-type: none"> <li>• Aadhaar Card</li> <li>• Electoral Identity Card</li> <li>• Ration Card</li> <li>• Birth Certificate</li> <li>• Family Card</li> <li>• Others</li> </ul>	S
20.	Possible cause for Death or Injury (By fall while boarding, de-boarding, travelling etc.): Any material or circumstance for suspecting any of the exceptions mentioned in Section 124A of the Railways Act: - (a) Suicide or attempted suicide by him: If suicide or illness as cause of death suspected, was any medical record available: If yes, the name and the statement of the treating doctor recorded:  (b) self-inflicted injury: (c) his own criminal act: (d) any act committed by him in a state of intoxication or insanity:	Yes / No ✓

<p>If the injured or deceased victim was suspected to be in an intoxicated state at the time of the incident, was the blood of the victim medically analyzed:</p>	<p>Yes/No <input checked="" type="checkbox"/></p>
<p>Were there any alcohol or narcotic substance (or any natural cause or disease or medical or surgical treatment unless such treatment becomes necessary due to injury caused by the said untoward incident):</p>	<p>Yes/No <input checked="" type="checkbox"/></p>

**PART - II**

**Hospital Admission Particulars**

1.	<p>(a) Name of the hospital(s):          (b) Date and time of admission:          (c) Date and time of discharge:</p>	<p>medical trauma centre Nagpur</p>
2.	<p>Nature of Injuries- Fatal/ Grievous/ Simple:</p>	
3.	<p>Details of person who admitted the injured to the hospital:          • Name:          • Mobile No.:          • Contact Details:</p>	
4.	<p>If dead, date and time of death:</p>	<p>NO</p>
5.	<p>In case of death, whether post mortem done:</p>	
6.	<p>Manner of disposal of dead body (Claimed or Unclaimed):</p>	

**PART - III**

**Documents/ Information submitted by GRP (Tick Yes /No)**

1.	<p>First Information Report:</p>	<p>Yes / No <input checked="" type="checkbox"/></p>
2.	<p>Memo of the Station Master &amp; GDR extract (combined Guard and Driver Report):</p>	<p>Yes / No <input checked="" type="checkbox"/></p>
3.	<p>Site Plan in terms of Clause 5 of Part I:</p>	<p>Yes / No</p>
4.	<p>Photographs taken at the site          • Track Character          • Straight and Level          • Straight and Grade          • Curve and Level          • Curve and Grade          • Under Construction/ maintenance</p>	<p>Yes / No <input checked="" type="checkbox"/></p>
5.	<p>Statement(s) of witnesses</p>	<p>Yes / No <input checked="" type="checkbox"/></p>

6.	Statement of Loco-pilot in case of run over to his knowledge	Yes/ No <input checked="" type="checkbox"/>
7.	Statement of Guard	Yes/ No
8.	Inquest report:	Yes/ No <input checked="" type="checkbox"/>
	Body identified:	
	Who identified the body	
	When identified:	
	Where identified:	
	Details of person who identified:	
	Name:	
	Mobile No.	
	Contact Details:	
9.	Final report to Jurisdictional Magistrate:	Yes/ No
10.	MLR/MLC No:	
11.	Discharge summary from Hospital:	Yes/ No
12.	Post mortem report:	Yes/ No
13.	Recovery memo/ seizure memo during <i>Jama talashi</i> :	Yes/ No
14.	Site Map:	Yes/ No
15.	Photographs:	Yes/ No
16.	Any other relevant documents/ information:	Yes/ No

### VERIFICATION

Verified at Injured car on this by me of \_\_\_\_\_ that the contents of the above report are true and correct and the documents mentioned in Part – III have been verified.

Name and Designation of Investigating Officer

Date:

Police Station

*B. R. Jaisankar*  
*MU 313*  
**बी. आर. जांकर**  
 पो. हवा / ३१३ रे.पो.स्टे. ११३५

## ANNEXURE A-5

DETAILED ACCIDENT REPORT (DAR)

(To be submitted by the Investigating Officer)

PART - I

1.	Date & Time of the incident:	20/12/22 to 9:20
2.	FIR No. / DD No., date and under Section:	Injured - 10/12/3
3.	Name of the Police Station:	GPP NGP
4.	Offences as per report under Section 173 or 174 Cr PC	
5.	Place of accident / incident :	Ami 'c' cabin
	a) Line Number :	
	b) Platform Number :	Loop line
	c) Nearest Pole Number :	
6.	Train involved, if known:	
7.	Source of information: <ul style="list-style-type: none"> <li>• Who reported the accident to the Police? (Give name, address &amp; contact no.)</li> <li>• Drive/Guard/Passenger/Others</li> <li>• Victim</li> <li>• Witness</li> <li>• Hospital/Medical facility</li> </ul>	On duty DySS NGP  Medical Hospital NGP
8.	Who removed the body from the track:	RPF / GRP
9.	Name of the person who took the victim to the hospital and name of the hospital:	
10.	Officer who first visited the site (If other than Inquiry Officer his/her statement to be enclosed):	
11.	Name of the person injured/ dead, if known:	Sunny Vijay Sheema
12.	Age:	25 yr
13.	Sex:	Male
14.	Address:	Kalamna Nagpur
15.	Name and relationship of co-passenger if any who could identify the injured/ deceased:	—
16.	Address of co-passenger(s):	—
17.	If ticket recovered from passenger at the site: Ticket No.:	Yes/No
	<ul style="list-style-type: none"> <li>• Date of Journey:</li> <li>• Date and Time of issue:</li> <li>• If ticket is shown recovered later:</li> <li>• Place of recovery:</li> <li>• Time of recovery:</li> </ul>	